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DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAL ASSISTANCE ADMINISTRATION Olympia, Washington

To: Hospital Billers
Managed Care Plans
CSO Administrators
Regional Administrators

Memorandum No: 02-60 MAA

Reissued: July 1, 2002

For Information Call:
1-800-562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

Subject: Copayment for Emergency Room Visits

Effective for dates of service on and after July 1, 2002, hospitals may require certain clients to pay a \$3.00 copayment for visits to emergency rooms when:

- ✓ The client is not found to have an emergency medical condition; and
- ✓ Reasonable alternative access to care was available.

Why is MAA implementing a copayment?

The Washington State Omnibus Operating Budget for the 2001-2003 biennium enacted by the legislature (ESSB 6153) requires the Department of Social and Health Services (DSHS) to implement this copayment. The intent of the copayment is to discourage clients from using emergency rooms for conditions that can be treated elsewhere.

Copayments cannot be charged when any of the following exist. Hospitals must make a good faith effort to determine if any of the following conditions exist before charging a copayment:

- The client is found to have an emergency medical condition;
- Reasonable alternative access to care was not available;
- The “indigent person” criteria in WAC 246-453-040(1) applies;
- The client is 18 years of age or younger;
- The client is pregnant or within 60 days postpregnancy;
- The client is an American Indian (AI) or Alaska Native (AN)*;
- The client was enrolled in a MAA managed care plan, including Primary Care Case Management (PCCM);
- The client is in an institution such as a nursing facility or residing in an alternative living facility such as an adult family home, assisted living facility or boarding home; or
- The client receives waived services such as Community Options Program Entry System (COPES) and Community Alternatives Program (CAP).

* Providers do not have a way of identifying an AI/AN client. The client must self declare that they are AI/AN.

What is defined as an emergency medical condition?

An emergency medical condition is defined in WAC 388-500-0005 as:

The sudden onset of a medical condition (including labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- ✓ *Placing the patient's health in serious jeopardy;*
- ✓ *Serious impairment to bodily functions; or*
- ✓ *Serious dysfunction of any bodily organ or part.*

Who is responsible for collecting the payment?

Hospitals are responsible for collecting the copayment amount from the client **after** the emergency room medical assessment is complete.

How do I indicate the copayment on the UB-92 claim form if I charge it?

List the \$3.00 copayment in the *Patient Pay* field (form locator 52) on the UB-92 claim form. MAA will deduct \$3.00 from the amount due the provider.

Hospitals must not deny service to a client who is unable to pay the copayment amount per WAC 388-501-0160. If a client who is subject to the copayment states that he or she is unable to pay the copayment amount, the hospital must accept the client's statement. However, the hospital may bill the client, who is responsible for the copayment. Hospitals may not increase their charges to DSHS to offset uncollected co-payments.

Hospitals must not discriminate by refusing to serve MAA clients who are subject to the copayment requirement while continuing to serve clients who are not subject to the copay.



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